

NOTICE OF INTENT TO REVOKE LICENSE

HAND DELIVERY

August 14, 2009

Lettie Andres, Administrator
Spruce Oak Residential Care Facility
4618 Spruce Oak Drive
North Las Vegas, NV 89031

RE: NVS3522AGC

Dear Ms. Andres:

YOU ARE HEREBY NOTIFIED that the HEALTH DIVISION intends to revoke your license.

Statutory or Regulatory Authority

NRS 449.160 provides that the Health Division may revoke or suspend a license upon the grounds that the licensee has violated any of the provisions of state laws and regulations. NAC 449.22706(3) provides that the Health Division may revoke a license of a residential facility for groups that is required to submit an application for resurvey if the facility failed to submit an application for a resurvey within 30 days after receiving a placard for a grade of "C" or "D." NAC 449.0118 provides that the Health Division may revoke a license when the facility fails to provide an adequate plan of correction within ten days of receipt of a statement of deficiencies. NRS 449.160 also provides that the Health Division may revoke or suspend a license when the conduct or practice of the facility is detrimental to the health or safety of the occupants or employees of the facility.

Facts Supporting the Summary Suspension

An annual State Licensure survey was conducted in your facility on April 8, 2009. As a result of the survey, your facility received the grade of "D." A Statement of Deficiencies (SOD) was mailed to your facility on April 15, 2009. The Health Division did not receive a fee and application for resurvey within 30 days after the facility received a placard. The Health Division did not receive a Plan of Correction

within 10 days of receipt of the statement of deficiencies. The Health Division has not received either the plan of correction or the application for resurvey with the fee of \$500 as of the date of this notice.

Other Circumstances Considered

The Health Division attempted to contact you by telephone, but your telephone number has been disconnected. A certified notice instructing you to submit a POC and an application was mailed to you on June 17, 2009. Our records indicated you signed for that notice on June 19, 2009. A Bureau representative visited your facility last week and instructed you to call our office, provide an updated telephone number, submit a POC and pay the re-survey application fee. Another Bureau representative attempted to contact you with an updated telephone number and you failed to respond to that call.

Notice of Right to Appeal

Nevada Revised Statutes 449.170(2) affords the facility the right to contest the action of the Health Division. If you wish to oppose this action, you must send a written appeal to Richard Whitley, MS, Health Division Administrator, 4150 Technology Way, Suite 300, Carson City, Nevada 89706. You can fax your written appeal to (775) 684-4211.

In order for you to receive a hearing, the Administrator must receive this written appeal by 5:00 pm on the 10th working day after you have received this notice. The local Bureau of Health Care Quality and Compliance office cannot accept your appeal. Your written appeal must include the following information: a) the action to be contested, b) the name of the division officer or employee who signed this notice, c) the reasons that the appellant believes the action is incorrect, and d) whether or not the appellant is seeking an informal internal resolution prior to the formal appeal process.

You are entitled to be represented by counsel at your own expense in these proceedings. If you retain an attorney, your counsel must notify the Administrator of his or her representation of you.

Effective Date of Revocation

This revocation is effective eleven (11) working days after receipt of this notice if you do not appeal the revocation. You need to make arrangements for the transfer of any residents to appropriate placements. Please provide the Health Division with the following information concerning your residents:

- 1) Copy of the notice that you must provide the residents and their representatives or family as described in NRS 449.700(2).
- 2) Date and time that each resident is transferred.
- 3) Address and phone number of the facility where residents are transferred.

If you have any questions, please contact me at (775) 687-4475.

Patricia Chambers, RN, Health Facilities Surveyor III
For Marla McDade Williams, MPA, Bureau Chief

cc: Richard Whitley, Administrator
Mary Wherry, Deputy Administrator
Linda Anderson, Chief Deputy Attorney General